

~~~~Overview - Person Centered Planning Meaningful Day Focus Pilot – December 2014~~~~

Why: Why is there the need for a pilot when the idea of person centered planning isn't new? Although there are several reasons for improving the planning process, perhaps the most important reason is because the services/supports listed on a plan don't always match what the person wants or desires. People and their support networks (families) who have used this process in other parts of the nation report that the process, when done right, is much preferred. This is because the services will be a reflection of their choice(s).

What: This pilot will **require** that the planning process make use of two tools that focus on the desires and dreams of the person. The first tool is an updated person centered planning process and the second tool measures if the person is reaching their idea of their personal outcome. These tools concentrate on getting information from the person from *their* perspective. The information gathered from these new tools, when used together, will result in a better match of what the person wants with the services/supports that will be included in his/her service and support delivery plan.

How: The new tools will require staff to help the person to identify and explore a wider menu of service options from which to select the options which the *person* feels best matches his/her desires and preferences. If the person has a desire to receive services/supports during the day, then a major focus of the pilot will be to help the person create a day experience which is 'meaningful' to him/her. The exploration of new experiences will be encouraged so that any choices made by the person can be as informed as possible. The person will be encouraged to help create his/her own plan of services/supports. The new planning process tool will engage those close to the person to help craft a single plan based upon what the person communicates is of interest to him/her with words or actions.

Phase 1 of the pilot began in December 2014 with the selection of case management agencies throughout the state. This first phase of the pilot has been structured to be a small pilot of about 30 people from across the state. The small size of the pilot was purposeful so there can be continuous oversight at each meeting. It's more important to conduct the planning sessions correctly and thoroughly rather than to change the system too fast. For this first pilot phase, people who volunteer to be in the pilot will have this new process replace their currently scheduled 2015 annual meeting process. The case manager will ask for people to participate **only** if they wish to participate. Because this is a new approach to planning, each case management agency included in the pilot will make sure that the person, and his/her support network of family, etc., has the new process explained thoroughly and that the person is comfortable with having 'visitors' observe their new planning approach. Visitors will be attending the meetings to monitor the process and to learn from actually seeing the process in action. Naturally those visitors not employed by the Department of Mental Health will be required to sign a confidentiality agreement to protect the person's information privacy.

For most of the almost 6000 people who receive services and who are not a part of the pilot, there will be no change in their planning process immediately. In about six to seven months, at the conclusion of Phase 1, Phase 2 will begin using improvement lessons learned from Phase 1. Additional volunteers will be recruited for Phase 2. Gradually, over the next couple of years, everyone will have their annual meetings conducted using this process.

What's Different: First, more time will be spent asking people for information about their wants and desires **BEFORE** and **DURING** the planning meeting. This means the planning meeting may be longer.

Second, this new process will combine all the services and supports into one plan, rather than in several different plans as we do now. The new person centered format is currently on the Department's website and will be the required format for the plan. This single plan does a better job of ensuring the services can be directly connected to what the person has said they wish to have in the way of services and supports. It will be the person's case manager who creates this single, all inclusive plan and will have the responsibility to ensure the plan is implemented.

Third, only case managers who have been trained and tested in this new system will be allowed to facilitate the meetings and to measure personal outcomes.

Last and most important, listening to the person and structuring services/supports to better match the person's desires will be a **requirement** now for the case managers as well as for the other providers of services.

Have more questions? Please contact either Patti Martin, DD Case Management @ 334-242-3737, patti.martin@mh.alabama.gov or Jeff Williams, Director of Quality Enhancement and Planning @ 353-7045, jeff.williams@mh.alabama.gov.